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CONFIRMATION NO. 2775

<b>SERIAL NUMBER</b> 10/554,392	<b>FILING OR 371(c) DATE</b> 10/24/2005 <b>RULE</b>	<b>CLASS</b> 221	<b>GROUP ART UNIT</b> 3651	<b>ATTORNEY DOCKET NO.</b> 3003-1166
<b>APPLICANTS</b> Dennis Marteau, Oxford, UNITED KINGDOM; Steven Mark Rolfe, Oxon, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB04/02072 05/13/2004 <i>MK</i>				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0311931.0 05/23/2003 <i>MK</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/13/2006				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i>		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 9
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>MK</i>		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 466				
<b>TITLE</b> Pill dispensing device				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	